\*\*Report as of calendar day 30 after the first day of attendance\*\*

## School Summary Report of the Immunization Status of College Students

Name of College/ University:	☐ Religious	☐ Other	
Address:	· ·		
City:		Zip Code:	
		•	
Phone Number: _()	Extension:		
Student Health Services Director's Name:			
Registrar's Name:			
Immunization Summary			
A. Total new undergraduate and graduate enrollment: (A should equal B+C+D+E+F)			(A)
B. Number of students with valid Medical Exemptions (National Control of See definition on back)	1E):		(B)
C. Number of students with valid Religious Exemptions (See definition on back)	(RE):		(C)
D. Number of students with complete immunization reco (Do not include ME/RE) Each student must present an immunization record signed by a certifying that the student has received all the required vaccines	physician or local hea	alth department	(D)
E. Number of students with no immunization record on the	file:		(E)
F. Number of students who do not meet minimum immu (Do not include ME/RE or students with no record on file) This includes students past due and those in process of getting	•	ents:	(F)
G. Number of students who did not meet the minimum in by the first day of attendance and were given 30 cale			(G)
I certify that the above information is correct to the best of m			
Student Health Director/Nurse Signature:			

## Content

PURPOSE: The report is required by NC State Law [G.S. 130A-155.1.(c)]. It records the

immunization status of all new (undergraduate and graduate) students enrolled in

college each fall. This report must be completed annually.

PREPARATION: To be completed by the Registrar's Office. The immunizations should be reported as of

calendar day 30 after the first day of attendance.

DISTRIBUTION: Each college or university's Registrar's Office should keep a copy for the school's file.

Within 60 calendar days after the beginning of a new school year, the college or

university shall file the report with the Immunization Branch.

All reports must be submitted online at the Immunization Branch website:

www.immunize.nc.gov/schools/air\_collegesuniversities.htm

DISPOSITION: Each school must keep a copy of this document for at least one year.

## Minimum Requirements at College Entry

Vaccine	Number Doses Required
Diphtheria, tetanus, and pertussis	3 doses
Polio	3 doses
Measles	2 doses
Mumps	2 doses
Rubella	1 dose
Hepatitis B (Hep B)	3 doses

**Medical Exemption:** G.S. 130A-156

A valid Medical Exemption requires a signed statement from a physician licensed to practice medicine in North Carolina. The statement must explain the specific reason why each vaccine is detrimental to the student's health and the length of time the exemption will apply. Place a copy of the exemption in the student's permanent file. Do not submit a copy of the Medical Exemption to the NC Immunization Branch.

Religious Exemption: G.S. 130A-157

A student may be exempt when the parent or guardian submits a written statement explaining that it is against their **bona fide** religious belief to have their student immunized. Place a copy of the exemption in the student's permanent file. Do not submit a copy of the Religious Exemption to the NC Immunization Branch.